RHEUMATISM & SCIATICA

J. H. CLARKE, M.D.

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Rheumatism and Sciatica.

RHEUMATISM

AND

SCIATICA.

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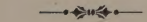

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PREFACE.

"I DON'T believe there is any cure for rheumatism." Such is the despairing cry of many a sufferer from "rheumatics," who has been the weary round of all the recognised rheumatic cures—in vain. The answer I make to the sad complaint, whenever I hear it, is this:—It all depends on *whose* rheumatism it is; some people's rheumatism is curable, some people's rheumatism can only be alleviated, and there are some for whom no sort of treatment seems to be of much avail. In my experience these last are a small minority.

Generally speaking, rheumatism *is* curable, and by a variety of means; but the subtle powers of homœopathic medicines properly employed are, in my experience, by far the

most efficacious agents in bringing about alleviation and cure in all varieties of the complaint.

The welcome accorded to my former treatises has led me to think that a work dealing with this plague of our uncertain climate might prove of service. Rheumatism is no respecter of persons or of ages; and as a little knowledge and care may prevent life-long suffering, it is desirable that such knowledge should be in the possession of all.

Sciatica is more often than not of a rheumatic nature, and I have therefore included a special consideration of this malady in the present treatise.

JOHN H. CLARKE.

30 CLARGES STREET, W.,
September 1892.

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RHEUMATISM AND SCIATICA.

PART I.—RHEUMATISM.

CHAPTER I.

NATURE AND CAUSES OF RHEUMATISM.

RHEUMATISM might almost be called a weather disease. Certain it is that many of those who are subject to the chronic forms of it, whilst perfectly happy during some kinds of weather, are tormented by aches and pains when the barometer changes; and if they could only live

in a climate in which the barometer is not liable to such "ups" and "downs" as are manifest in ours, they would be free from any signs of their disease. But a patient must have some defect in his internal machinery, or this excessive sensitiveness to climatic changes would not exist; it is therefore desirable that we should consider what is the nature of the defect, and how it may be cured or removed.

Perhaps the best definition of rheumatism would be to describe it as "a peculiar defect of nutrition depending on a loss of bodily electricity." When a person feels a chill, what actually takes place is an interchange between the elec-

tricity of the cold air or water (as the case may be) and that of the body which feels it. The cold medium is negative to the warm body, and the positive bodily electricity flows into it, resulting in a lowering of the vital energy. If the loss is great a number of results are possible, depending on the locality of the chill to some extent, and on the constitutional peculiarities of the patient. Inflammations of all kinds may follow chills, but one of the commonest results is an attack of rheumatism. Pains occur in joints or muscles, and soon the chill is followed by fever-heat and sweat of an acid odour. As the disease advances, the pains increase, and are accompanied by swelling, redness,

and tenderness of the parts affected. This condition may continue for a time and pass away without leaving serious damage behind, or it may go on to do permanent injury to joints or internal organs ; and, of course, it may prove fatal. In the majority of cases, however, recovery takes place, partial or complete.

Taking cold is not the only cause that is capable of setting up this morbid train of phenomena, but it is by far the commonest. Errors in diet, blood-poisoning, mineral poisons, and injudicious drugging, may also bring about the same set of conditions. Many kinds of food and drink produce a chilly feeling, and if indulged in at wrong times may give rise to rheumatism.

Mushrooms, acid foods, watery vegetables and fruits, hard-boiled eggs, and fresh water fish, are examples of the chilly kinds of food.

On the other hand, an excessive indulgence in meat may prove equally bad. I remember one reason given for the prevalence of rheumatism in New Zealand, when I visited the colony some years ago, was the abundance and consequent excessive use of meat as an article of diet. I cannot say that the connexion was very clearly traced, but it was commonly believed to be the case by the colonists, and it is quite a possibility.

I have frequently noticed that members of consumptive families are more liable to rheumatism than

others. Such rheumatic patients are generally not themselves consumptive, but their vulnerability shows itself in this tendency to rheumatism. I shall have occasion to refer to this again in connexion with cases.

The *rationale* of the development of an attack of rheumatism is something like the following:—A draught having been made in some way on the vital electricity of an individual who has not a superabundance of it at the time, the bodily forces are no longer in a condition to carry on the changes necessary to convert the food into blood, or to deal with the waste products of the system. The consequence is there is an accumulation of waste products in the blood, the principal of which is lactic acid,

This is an exceedingly irritating substance, and the system endeavours to get rid of it in a variety of ways—by the skin, by the muscles, by the joints, and sometimes by the internal organs, especially the heart. It would not be correct to say that lactic acid is the cause of rheumatism. Its presence is the effect of a deeper cause. As Hahnemann pointed out, diseases are dynamic, and are to be referred primarily to the vital principle which animates the material body. It is the lowered vitality which is the cause of it all.

CHAPTER II.

VARIETIES OF RHEUMATISM.

WE come now to consider the different forms which rheumatism may take, and we will commence with

Acute Rheumatism, or Rheumatic Fever.

If the shock of the chill has been sudden and severe, the effect on the system is proportionately great, and the resulting reaction is violent. This is what is called *Rheumatic Fever* or *Acute Rheumatism.* The term "acute rheumatism" is some-

times popularly employed to describe rheumatism that is acutely painful. In medical language, it is used for the condition otherwise called rheumatic fever. The worst cases are induced by a chill, taken at a time when the patient was in a state of exhaustion, as after a fatiguing walk or a long bicycle ride, especially if the element of wetting is added to the conditions. For some reason or other, perhaps the clothes are not changed, and refreshment is not taken when the exercise is over, the bodily temperature is not kept up, and a chill may result, whether the patient has stood in a draught or not. Perhaps the clothes are saturated with perspiration. As soon as they become cool on the body

the effect is the same as if they had been put on damp. Sleeping in damp sheets; washing in cold water in a state of exhaustion; lying on damp grass after football or cricket —these are a variety of ways in which rheumatism is contracted.

Case I.—Here is an instance of acute rheumatism caught from wetting and exposure. R. K., 18, cab driver, admitted to hospital October 1889. There was no previous history of rheumatism, and there was none in his family. Two days before, having been out all day in the rain, he began to have "cold shivers" and pains in the arms. On admission he had a temperature of 101°·4. He had pains in arms and knee, which were swollen.

There was evidence also that the heart was affected. Tongue white, thirsty, sour perspiration. Sore throat was one of his symptoms. Under *Aconite*, *Merc. Sol.*, and *Bry.*, given at different times, the fever left him in a week, and in three weeks he was able to leave the hospital.

Sometimes rheumatic fever comes on without any discoverable cause in those who are predisposed. It may begin as an attack of quinsey, the rheumatic poison first showing its action in the throat.

Case II.—Here is an example of a case of the more insidious kind in a little girl aged 9. I was sent for to see her one day last

autumn. The previous day she had had pain in the left foot, which had extended to the knee. She came of a very delicate family, her mother having died of consumption. A month before I saw her she had had a "feverish attack," and since then she had not been quite well, but nothing definite occurred until the day before I saw her. There was great pain in the left knee and some swelling, with great intolerance of motion. Her temperature was 102°·2. Skin hot and perspiring. The pulse was very rapid, 144 in the minute, and a peculiar accentuation of the heart sound showed that that organ was already attacked. There was the usual white tongue

found in rheumatic fever cases. The indications for *Bryonia* were well marked, and this I gave her; ordering liquid diet.

The following morning the report was that she had had three hours sleep, and the pain was less. The temperature was down to 100°·4, but the pulse was 152, the heart sounds more plainly indicating that inflammation was going on still. The succeeding night was not so good. She had had to be moved a little in putting the bed straight, and this started the pains, which kept up all night. She was very irritable, and could not bear to be crossed. *She complained of feeling very hot.* Tongue still white, bowels had acted. I now put her on *Sulphur*, giving a

dose of the 30th every two hours. From this time the symptoms subsided. The temperature was normal the next morning, and the pulse was 132. There was much less pain, and she could stretch out her legs. In two more days she was convalescent, the inflammation of the heart having subsided, but a defect remained which may possibly give some trouble later in life. I have no doubt in this case the heart affection had been going on for days before the joints showed any signs.

This is an example of rheumatic fever or acute rheumatism of medium intensity quickly brought under control. It illustrates the fact, that the mildest forms are just as likely to be accompanied by the

complications of rheumatism as the more severe. Sometimes the rheumatic action will spend itself on the heart altogether, no pains having been felt in the limbs, or only pains of a very trivial kind. Another point that characterises rheumatic fever cases may be mentioned, when the temperature was at its highest the skin was moist. Generally in feverish cases when sweat breaks out it is a sign that the fever is subsiding, the patient experiencing relief. In rheumatic fever cases this is not so. The sweat gives no relief. In the worst cases of all, in which hyper-pyrexia or excessive high temperature occurs, the patient dies in hot perspiration, with a temperature of 110° or higher.

Chronic Rheumatism.

A word of explanation on the word "chronic." In the ears of the public it has an alarming sound, and means "something that never gets well." But doctors use it in no such sense; though it does often happen that "chronic" diseases do not get better. In medical language, a chronic disease is one which is slow in its course and progress, and lasts a long time. But "chronic" things may be cured, and are frequently cured, as I hope to show.

Chronic rheumatism may supervene on an acute attack, or it may be chronic from the beginning.

When an acute attack passes off, it may leave behind pain and swelling of some of the joints, stiffness of the limbs, and at times permanent enlargement of the joints. This is a state of chronic rheumatism. But rheumatism may appear in its chronic form from the first. That is to say, joints or muscles may be affected with rheumatism without fever, and patients may be very decidedly "rheumatic" without ever having had an acute attack of the disease. Here is a case in point.

Case III.—Mrs S., a widow, aged 50, consulted me about the beginning of 1891, having been suffering severely from rheumatism since the previous August. For many years she had had rheumatism

chiefly in the right index finger, always worse at changes of the weather. When I saw her the left knee was affected, the pains being worse in the night when warm, worse when lying on the left side, worse on beginning to walk, better after walking a little time, worse on coming in from a walk, better when sitting. She had had a course of waters at Aix-les-Bains, and she had been drinking potash water and whisky for her rheumatism under advice. The tongue was dirty, she had a bad taste in the mouth on going to bed, and in the morning on rising, after taking milk ; appetite poor, but yet she ate, because she found if she did not, she got neuralgia of the brow. Felt full after eating a little.

Bowels regular. Fond of the open air, yet liked a warm room when indoors. Sleepless generally, especially so now on account of the knee. The left knee was much enlarged, and more painful and tender in its inner aspect. She had a small ganglion on the right wrist, which appeared whilst undergoing treatment at Aix. She was of a tearful disposition.

She first received *Sulphur*, and under this medicine her sleep improved and the digestion became better. The knee was still painful, shooting and pricking, worse after walking. She still felt the fulness after eating a little. I next gave *Lycopodium*, which removed the full feeling in great measure, but left her much the same in other respects.

Guided now in a large measure by her mental condition, which was one of quiet melancholy (she wept in speaking of her symptoms), on Jan. 28th I put her on *Pulsatilla*, with almost immediate improvement in all the symptoms. She walked a great deal, and the knee was better. Appetite and spirits better. Improvement continued till Feb. 20th, when, having taken a cold, there was some increase in the rheumatism in the knee, and also in the fingers of the left hand. I now again gave *Lycopodium*, which I have found of especial value in rheumatism of the finger joints, and this access soon passed away. In March she took another cold, and, as usual with her, she had a cough

with it, also the neuralgia of the forehead, and more pain in the knee. Again rapid improvement occurred, and she was soon afterwards quite well, nothing of her old trouble except a little stiffness remaining.

Here is another example of rheumatism of the chronic kind :—

Case IV.—Mrs P., aged 55, consulted me in September 1890 for rheumatism, with which she had been troubled for four years. She was fair, somewhat stout, heavy, had become more so recently. Three years previously she had been to Wiesbaden. She suffered from great fatigue after exertion, often felt faint, though she never actually fainted. In general she had good spirits, but was a little low at this

time. She was impressionable. She suffered much from flushes of heat and a feeling of hot water down the back, and with these attacks she was irritable. She came of a very consumptive family. For many years she suffered from neuralgia, especially at the back of the head. The digestion was characteristically rheumatic. She suffered from great acidity, and everything acid disagreed with her. She was always thirsty, and took much soda-water. Also she was always hungry, especially in the forenoon. The tongue became red and large when she was run down. The bowels were confined unless she ate fruit preserves. She slept badly, woke early, and if she did not get to bed early

could not sleep at all. Formerly used to be very drowsy. Liked plenty of air; could not wear much clothing; was always warm; perspired much, but this only for the last few years.

The rheumatic condition was as follows:—Joints of hands swollen, especially the knuckles, those of the right hand being worst. Legs weak below knees, feel as if they did not belong to her. There are varicose veins on left leg. Left knee is tender on inner aspect. Sometimes is unable to draw up left leg in bed.

The acidity of this patient, the sensations of heat and perspiration, the predominant left-sidedness of her sufferings, the sleeplessness and the history of drowsiness, the great hunger, all pointed to *Sulphur* as

the remedy, apart from the actual joint affections which also indicated that medicine. It was given in the thirtieth potency. An aggravation of the digestive symptoms and occipital headache occurred at first with amelioration of some symptoms; on her second visit I prescribed *Lycopodium* 12. This was followed by further improvement; but it was not till *Sulphur* was resumed, one dose night and morning, that the disease fairly gave way. Strength came back to the knees, the heats diminished, and her general health became so much better that no further treatment was required.

Other cases in which chronic rheumatism is a consequence of

rheumatic fever are not all so easily managed as these. Sometimes with the acute inflammation the pain compels the patient to bend a joint, and the joint may then become fixed; or deposits of earthy matter may take place round a joint, the ligaments and bones becoming altered. When disease has gone to this length there is often little to be done by medicines except to allay irritation and relieve pain. But much may be done even in cases which appear hopeless by the combined effect of manipulations and medicines.

Internal Rheumatism.

There are some patients in whom rheumatism attacks internal organs

by preference. So long as they have pains in their limbs they are free from pains internally ; but when the pains usually recognised as rheumatic leave them, they are taken with violent pains internally, it may be in the liver, the bowels, or, as is frequently the case in women, in the womb. I have known patients kept in bed for months with pains of this kind under the supposition that they were affected with grave internal disease, when a little careful *general* treatment, without any special regard to the local suffering, has soon put them right. Patients of this class are very sensitive to weather changes, and to residence in damp localities ; and it is generally easy to trace a connexion between

their internal pains and the conditions of the atmosphere.

Bronchitis is often of rheumatic nature. It is frequently met with in rheumatic subjects, who are especially liable to chills. It will be found, as a rule, that the medicine which is good for their rheumatism is good also for their cough. The drugs which have relation to rheumatic states have almost invariably a relation to coughs as well.

The Heart.

As everybody knows, the heart is the organ of all others the most liable to be affected by rheumatic fever. The rheumatic poison causes inflammation of the heart, of its outer covering and the sac which

contains it—*Pericarditis;* and of the internal lining membrane, especially the valves—*Endocarditis.* These accidents may follow the slightest attacks of acute rheumatism as well as the most severe, but it is more rare for them to occur in connexion with chronic rheumatism. Pericarditis is also called "dropsy" of the heart. The heart has a smooth-lined sac (pericardium) in which it beats. This sac secretes a thin fluid called serum. If this sac becomes inflamed it is at first roughened, and then it exudes a large quantity of serous fluid, instead of just enough to lubricate the surface. One of the first cases I had to treat homœopathically was one of this kind.

Case V.—A boy of about 10

years of age complained of pain in his side. I found the heart sac was full of fluid, and on coming to make close inquiries, I learned that he had had pains in his ankles for a few days, and one of them was at the time slightly swollen. The pains had not been sufficient to make him complain, and there had been no noticeable fever. Under *Mercurius vivus* 3^{x} and *Bryonia* 1 the effusion cleared up rapidly, and the boy was soon well. The first case narrated (p. 10) gives an instance of the inflammation of the heart, in which the internal lining membrane was slightly affected. Very often these cases end in complete recovery.

Case VI.—One case, that of a girl who had severe rheumatic fever

with inflammation both of the external and internal membranes—pericarditis and endocarditis—recovered completely, all signs of both affections disappearing in time under treatment.

Case VII.—Another case, that of a horsekeeper who came under my care in the Homœopathic Hospital, may be mentioned here. The man, like many of his class, was very much addicted to alcohol, and he had the fever very badly, with distinct evidence of affection of the heart valves. This is discernible when it has reached a certain degree, by listening to the heart through the chest walls. Instead of the two beats, a blowing sound is heard in place of one or both of them, due

to the imperfect opening and closure of the affected valves and the irregularities this causes in the blood current. The man recovered, and all signs of his heart affection disappeared. Some years later, not having improved in his drinking habits in the meantime, he had another attack, and this time he had developed what is termed ulcerative inflammation of the valves of the heart. This is a condition which is almost invariably fatal, and proved so in this instance. The vessels of the heart became completely blocked with fungating growths springing from the valves. On examining the body after death, the spot was found where the inflammation had occurred in the first

attack, and was now completely healed.

I mention these two cases to show that though the heart may be attacked, it does not follow that permanent heart disease will be the consequence. And when a permanent change does result, when the valves are left altered and the blood current impeded, the heart grows larger and stronger to meet the increased effort. This is what is called "compensation." Sometimes this is so perfect that a patient does not find out that there is anything the matter with the heart. One of the most extensively damaged hearts I ever examined was in an old man of 84, who came to me for some other affection. I was

led to examine his heart from his extraordinary pulse, and found it much enlarged, and the valves very extensively diseased. Yet he knew nothing about it, and I did not think it necessary to enlighten him as he went away cured of his other affection. The compensation in this case was so perfect that the condition could hardly be called one of disease.

Before leaving this subject, I will briefly relate another case in which the damage done is too extensive to admit either of repair or of perfect compensation.

Case VIII.—W. B., 22, porter, was admitted into the London Homœopathic Hospital in June 1889, suffering from pains in the ankles,

knees, and arms. There were points in the family history that were important. His father, who had been a great drunkard, was paralytic; of three brothers, two had had rheumatic fever like himself. Four years previously he had himself had his first attack of rheumatic fever. His present attack he attributed to working in an ill-ventilated room. His condition when he came in was as follows:—He was pale, sweating, complained of pain in most of his joints and also in the chest; temperature 103°·4; pulse 128, full and compressible; respirations 44. Tongue furred white, bad taste in the mouth, great thirst. Ankles swollen.

The heart had been very much

inflamed in his first attack, as could be discovered by its size. It was much increased in size in order to overcome the difficulty presented by the diseased valves. The left side of the chest was somewhat bulged outwards, so great was the enlargement. The two chief valves of the heart showed by the sounds that extensive damage had been done. It was easy to determine that the heart affection was not all due to the present attack, as the heart could not have become so large within the time. As it was, in spite of the extent of the valve disease, the increase in the heart's size and power had fairly compensated the damage —so much so that he had been able to follow his employment in the

interval. On the present occasion there was, in addition to the valve disease, inflammation of the pericardium. He was put on liquid diet, and was given internally *Merc. sol.* 12, one drop every hour. The acute symptoms soon began to subside, and gradually passed off. There were a few relapses on the way to complete convalescence, but he was able to leave the hospital on Aug. 9. His heart remained in much the same condition. In January 1891 he was again admitted, having caught a bad cold, with feverish symptoms and shortness of breath. This time the rheumatic symptoms were not very marked. The cold had lowered his condition and disordered the balance

of the heart. And this is what occurs in cases of this kind. When extensive valve disease is compensated by increase in the size of the heart substance (which is muscle), so long as the patient remains in tolerable general health, he is able to do his work and not be conscious that he has a heart. But when extra pressure comes, or when the general health is disturbed or lowered, then the heart feels it, and he either experiences pain, or has great shortness of breath on the least exertion. During his stay in hospital this time the fogs (which were very bad then) tried him a great deal, but he was able to leave the hospital after several weeks in tolerable health. The medicines which helped

him most during this time were *Arsenicum*, *Spigelia*, *Lachesis*, *Bryonia*, and *Kali mur.* I occasionally see him now as an outpatient. He is not able to do heavy work, and easily gets out of breath, but, except when he takes cold or gets run down in any way, he is able to live with a fair degree of comfort. This is an extreme case, and it shows how much Nature is capable of doing in the way of compensating even severe damage to central organs.

Gout and Rheumatism.

It is not by any means always easy to say exactly where rheumatism ends and gout begins. They are distinct as two individuals, but

they are very near relations, and are alike in many of their features. The poison of gout is urate of soda; the poison of rheumatism is lactic acid. Over-indulgence in high living or malt liquors, either on the part of the patient or his ancestors, will induce the former; also certain poisons, as, for example, lead. The latter, whilst not independent of considerations of diet, is more frequently due to climatic conditions.

Rheumatism from Poison.

Rheumatism is also producible by drugs such as *Bryonia*, *Rhus*, *Mercury*, and sometimes *Lead*. At least this was to my mind clearly the history of one case, which is

so remarkable that I will briefly record it.

Case IX.—Josephine C., 44, mantlemaker, was admitted into this Hospital on October 18, 1890. Up till seven years previously she had enjoyed excellent health. She came of a healthy family, both her parents being still alive; however, she lost one sister from consumption. Seven years ago, whilst the business house at which she lives was being painted, she drank some soup into which paint had accidentally got. About three and a half hours after this she had pain in the body coming round from the back, and for this she had a mustard poultice applied. Stoppage of the bowels followed, lasting for several days, and then

she gradually lost the use of her legs, gradually recovering the use of them during the next twelve months. Three years after this she noticed that her hands became paralyzed — the familiar "wrist-drop" of lead poisoning. Eighteen months later she began to have rheumatism, and consulted an eminent specialist, who said it was "disease of her joints, and not rheumatism," and gave her *Iodine* to take, but she did not receive any benefit from this. She then went for a holiday to Guernsey, and from this she derived much benefit, returning in August 1889. On her return in September the present attack commenced with shivering. The pains came back exactly the

same as before, and lasted this time nearly twelve months. There was a slight rise of temperature. Both knees were swollen and tender, and also the small joints of the hands. The right side was worse all the way down,—right hip and knee. The right limb was swollen. There was also pain in the back muscles. Pain was worse after 12 midnight. Much worse in wet and stormy weather. There was occasional chilliness, sometimes slight perspiration. She was in the hospital two months, during which time she made considerable improvement. The pains in the joints diminished, and she became able to stand and move a little. The medicine that helped her most was *Rhus* 12. In

spite of the opinion of the specialist, this was a case of rheumatism if ever there was one, and a very chronic case, and, to my mind, the causal connexion of the lead poisoning with the disease is fully established. It is undoubtedly much more common in lead poisoning cases to have joint affections take the gouty form with deposit of urate of soda under the skin, but in this case there were no deposits of this kind.

Rheumatic Gout.

Gout and rheumatism in their extreme forms are very unlike each other; but it not unfrequently happens that gouty persons are also rheumatic, and then the symp-

toms may be inextricably combined. When this is the case it is common to say that the patient has "Rheumatic Gout," and when the term is used with that meaning it is correct enough. But the term "Rheumatic Gout" has also been applied to a distinct form of disease which, strictly speaking, is neither rheumatism nor gout. This disease is also called chronic rheumatic arthritis, or deforming inflammation of the joints. It consists in an inflammation of the joints which causes increase in the size of the bones, and when it affects the hands (the most common site of its commencement) it causes turning outward of the fingers, so that when the hand is extended, the fingers, instead of

pointing straight forward, point away from the thumb. This disease is more allied to rheumatism than to gout, but it is always constitutional in character and chronic in its nature. It may often be arrested at the beginning, and never progress to any serious extent. If, however, it is not arrested it may cause the most severe pain and crippling. The cartilaginous surface of the bones, where they form the joints, becomes thinned and eroded, and then no movement is possible without causing exquisite pain.

Rheumatism with Eruptive Fevers.

Among the varieties of rheumatism that which comes on in connexion

with fevers must be mentioned. It is not at all uncommon to have rheumatic pains and swelling of the joints in scarlatina, typhoid fever, and measles. It is most frequently met with in scarlatina ; indeed, there is a variety of scarlatina known by the name of *Scarlatina Rheumatica.* It in no way differs from ordinary rheumatic fever except for the additional scarlatina symptoms. The eruptive fevers have other points of contact with rheumatic fever, in that they are all liable to affect the heart with inflammation and subsequent damage in the same way, and they all have an action on the throat. It is quite common for the throat to be affected in rheumatic cases, as in the case of the cab-driver above

mentioned. In his case the rheumatic pains appeared in the joints before the sore throat. Often the first symptom the patient feels is sore-throat, a form of quinsey, in fact, the affection of the joints coming on subsequently.

Muscular Rheumatism.

Sometimes the rheumatic pains affect the muscles in preference to the joints. This kind may be acute or chronic. When acute it generally attacks some particular muscle or group of muscles, and may be attended with fever. When chronic it shows itself in aches of all shades of severity, experienced on changes of the weather. When it attacks the muscles of the loins it is called

Lumbago, and this will be dealt with separately. When it attacks the neck muscles of one side it produces wry-neck.

Case X.—Last winter, I was consulted by a young lady complaining of rheumatism in the right shoulder, which she had had for three weeks. She had had it three years before, and also in the spring previous to my seeing her. On these occasions it had affected the muscles of the left arm, on which occasion she had had much difficulty in getting rid of it, eventually having to leave town and put herself under a rubber. She was pale, but flushed readily; subject to headaches; had thirst, but no appetite; chilly, but perspired in the

night; subject to cold feet; chilblains; very sensitive to draughts. The pulse was 120, but there was no involvement of the heart. The pain was confined to the right upper arm and shoulder. She described it as being like a toothache. The shoulder was swollen. The characteristic feature of the pain was *aggravation by the slightest movement.* This, with the rest of the symptoms, led me to give *Bryonia* (which I did in the 30th attenuation) in preference to *Sanguinaria*, which has a very definite relation to the right shoulder. Improvement set in at once, and in a week she was quite well and free from the pain.

Lumbago.

Lumbago is a form of muscular rheumatism affecting the muscles of the lumbar region, commonly called the "small of the back." The muscles affected are those which support the spinal column. The general history of these cases is that the patient has been sitting in a draught; or has had a wetting, and has not been able to change his clothes at once. Or it may come on in the course of an ordinary cold; or it may come from a strain, as in lifting heavy weights. However induced, the symptoms are much the same in all cases. They come on very suddenly. Perhaps the patient has stooped to put on his boots,

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and suddenly finds that he cannot straighten himself for a terrific pain across the back. Or he has got out of bed as usual, not knowing that anything is the matter, and finds he cannot put on his clothes. If the pain is very severe, he is obliged to keep his bed. Generally there is no fever, but sometimes fever is present.

Case XI.—A lady after a chill was suddenly taken with pain in the back, accompanied by fever, sleeplessness, and general feeling of illness. The pain was of a very excruciating character, making every movement painful. Under *Macrotin* 3^{x} the symptoms slowly subsided, but she remained for some years sensitive in the back region,

though she never had another severe attack.

Case XII.—Very recently a gentleman, whilst under treatment for a catarrh and bronchial cough, that had come on from a chill taken whilst in a run down condition from overwork, came limping into my consulting room in a very unusual way. The symptoms of his cold were much better, but he had been seized quite suddenly with very sharp pains in the back. He had passed a night of great restlessness, not being able to find an easy position. The last symptom gave me the indication for his remedy, *Rhus*, which put him right in that respect in a couple of days. This was a case in which the cold-effects had been driven

by specific medicines from one locality, — the respiratory mucous membrane,—had attacked another; but as the change was from an internal seat to an external one, and as the progress was from above downwards—from the chest to the back—the move was a good one, and though the pain was great the patient was not really worse in health, but better. This is an important law in the course and progress of diseases. If a disease "strikes inwardly," as the common expression is, the change is bad and the condition of the patient is worse. This is the reason why it is dangerous to attempt to cure an external disease, as a skin disease, by external remedies. Very often the

"cure" of the skin means disease of an internal organ. When a disease "comes out" well, it is generally recognised as a favourable change. Often in eruptive fevers, when the rash fails to appear at its proper time, the patient is in an exceedingly dangerous state, and improves immediately the rash can be induced to appear.

It is also a favourable sign when the symptoms of a severe disease disappear from the upper parts of the body first. A temporary increase of the symptoms of the lower parts does not mean that the patient is actually worse.

The treatment of lumbago will be spoken of in the following chapters. It may be mentioned

here, however, that *heat* is the principal general remedy. Those who have a tendency to the affection would do well to wear a piece of flannel across the sensitive part. It may be fastened by straps round to the front, or it may be composed of flannel all round. Those who are subject to exposure—for example, landscape artists who are out sketching in all weathers—would do well to have a piece of stout brown paper stitched into their waistcoats. Also, it is a good plan to have the linings of waistcoats and coats made of the woollen lining material manufactured by the Jaegar Company.

General Rheumatism.

There is a condition which might almost be called "rheumaticness," rather than any definite form of rheumatism. It is not confined to even joints, muscles, or ligaments, and it never results in any serious change; but it causes those who are affected by it a great amount of discomfort. They are walking barometers and weather prophets, much to their own annoyance.

CHAPTER III.

TREATMENT.

IN the treatment of rheumatism the main general indication is to keep the patient warm. Heat may be classed as *the* remedy for rhematism *par excellence.* There are many ways of applying the remedy, as by clothing, diet, baths, (including chemical mineral waters), climate, and also by medicines which are capable of regulating the bodily heat, by their internal dynamic action. Under the above named particulars, therefore, we will now consider the question of treatment.

Clothing.

"Blankets and six weeks" used to be, summed up in a phrase, the recognised treatment for rheumatic fever; and though we no longer demand so long a time within which to get our patients well, blankets remain of as much importance as ever. As rheumatism is a disease in which a loss of bodily electricity is a chief factor, clothing which resists the passage of electricity—which is a "non-conductor," as it is called—becomes of the first importance. "Non-conductors" are themselves electric, or are accumulators of electricity. Of these glass and hair are typical examples. Most people are familiar with the crackling

of their own hair at times when it is being combed, and sheep's hair possesses the same electrical properties. Hence the value of dressing the patient with woollen clothing, and making his bed with blankets. But there is an additional reason in the heavy perspirations which accompany rheumatic fever. If cotton or linen clothing is worn it at once becomes saturated, and being a good conductor of heat and electricity the patient feels it clammy at once. With wool this is not the case. It may be saturated, and yet the patient will not feel it clammy or experience a chill. Hence for a patient in acute rheumatism blankets for the bed and a woollen night dress for the body should be a

rule to which there is almost no exception.

Patients who are simply "rheumatic," but are not in actual rheumatic fever, and those who suffer from chronic rheumatism, will be far less sensitive to changes in the temperature if they adopt woollen clothing next the skin for their daily wear. Unless they find difficulty in keeping warm at night, they need not sleep in blankets and woollen night clothing if they have not accustomed themselves to it. The woollen day underclothing should be worn next the skin. It is not essential to have any particular make provided it is wool all through. There is a notion abroad that "merino" is as good as wool pro-

vided it is thick enough. This is a great mistake. The mixture with vegetable fibre alters to a very large extent the electrical properties of the wool. Travellers and explorers, and those whose occupations entail exposure to all kinds of weather, should wear nothing that is not made of wool. When this is the case, it does not matter if the clothing is wet through, it may be left to dry on the body without risk of taking cold.

A personal experience whilst on a voyage demonstrated to me a property possessed by woollen clothing in addition to that of warmth. Wearing wool next the skin habitually, whilst sailing through the tropics, in the greatest of the heat,

I thought I would take off my woollen things by way of experiment. The result was, that though the change was quite pleasant to the skin, and though the heat was too great to make it possible to feel cold, I felt such a marked diminution of energy, so disinclined to do anything, that I was glad to put my woollen things on again, when the listlessness at once passed off. Wool is magnetic, and it was the magnetism of it that I missed.

Many persons who have irritable skins are not able to bear contact with wool. For them silk, though it is not as good as wool, may suffice. Silk being an animal texture possesses the same property as wool, though in a less degree.

Diet.

As the principal cause of the suffering in rheumatism is the presence of lactic acid in the system, and as lactic acid is one of the chief products of the fermentation or imperfect digestion of milk, it would naturally be expected that milk would be the wrong food for rheumatic fever patients. On this ground the late Dr Thos. Chambers condemned it, and, as a matter of experience, I have known increase of the acid perspirations follow the drinking of milk. On the other hand, milk is too valuable a food and too easily taken to admit of its being given up altogether in rheumatic fever, and I have known

many patients do well on milk alone. If milk taken by itself disagrees, it may be given mixed with an equal quantity of barley-water or soda-water. During the fever solid food is inadmissible, and I generally give, in addition to or instead of milk, gruel, barley-water, and farinaceous foods as the chief diet. Chicken tea, mutton broth, and beef tea may also be given. When the tongue cleans and the appetite returns, bread and butter and lightly boiled eggs may be taken, and ordinary plain diet may be gradually returned to.

For the *Rheumatic Tendency* and also for *Chronic Rheumatism* careful dieting is necessary. The meals should be taken at regular times. Meat may be taken in moderate quan-

tities, but it should be taken warm if the patient is of a chilly disposition, and if the digestion is weak; meat done up a second time must be avoided. Game and poultry may be taken in place of red meat. Much will depend on the individual digestion. Some can digest milk without difficulty, and for them it will be good; but where it causes constipation or acidity it must not be allowed. Koumiss can often be digested when plain milk cannot. Indulgence in sweets is not to be permitted. The majority of rheumatic patients suffer from chilliness, and those who do so should avoid watery and chilly foods. Fresh water fish, hard boiled eggs, mushrooms, watery fruits like melons,

spices, acid fruits, acids, and pickles, all of which are conducive to chilliness. For drink with meals, *hot* water or toast water are better than plain cold water. Well cooked green vegetables, with the water all squeezed out, may be allowed, also green peas, French beans, and haricot beans. Potatoes are more wholesome when cooked in their skins, either roast or boiled. Celery is credited with special suitability for rheumatic patients, and it may be taken cooked as a vegetable or raw. Oatmeal porridge, whole meal bread, soft boiled eggs are good. Bacon of the best quality may be taken for breakfast. For drinks, coffee with hot milk agrees well with many persons. Tea is

less safe as a drink, for the special reason that it is more difficult to obtain a non-poisonous kind. Pure China teas are the least injurious of all. Green tea is absolutely poisonous, and should never be used. Cocoa is the most safe of all drinks, but even it does not agree with everybody. The cocoa of the finest flavour is made from the cocoa shells, which contain the nibs. Cocoa made from the nibs comes next, the *Solidified Cocoa Nibs* of Messrs Epps being a convenient and expeditious form of making this. The cocoa essences are also good when a drink is wanted rather than a food.

The best division of the day's

meals is something like the following :—

Breakfast from 8 to 9,—Cocoa, tea, or coffee made as directed, not highly sweetened ; roll, toast, or bread-and-butter of white or whole meal bread, and the following according to choice—porridge, taken with cream and milk, but without sugar ; the finest bacon, either fried or cold boiled ; lightly boiled egg. Sometimes a little home made marmalade is a valuable addition.

Lunch, 1 to 2,—Good strong soup, or else a cutlet or chicken with vegetables ; a plain milk pudding made without eggs.

Dinner, 6 to 7,—Good soup or sea fish ; meat or poultry with

vegetables; some plain pudding; a little cheese, if it suits; and dessert, but no cakes or bonbons.

Alcohol.

A great many people are under the impression that though most forms of alcohol are bad for rheumatism, there is one exception to the rule, and that is whisky. Whisky, they suppose, is not merely not harmful in rheumatism, but is positively beneficial. I am sorry to have to dispel a pleasing illusion, but I am bound to confess that I have never seen a case in which whisky taken internally was of the least benefit to the rheumatic. Sometimes it may be desirable to give alcohol to a patient

suffering from rheumatism, and then whisky is generally the least objectionable form in which to administer it, but the whisky, so far as my experience goes, has no beneficial action on the disease. Of all forms of alcohol in rheumatic affection malt liquors are the most injurious; after them come wines. Spirits are the least objectionable; and whisky less objectionable than others. But I cannot say that whisky is positively "good" for rheumatism, except as an external application. Of this I shall have more to say later on.

Water.

I have said that patients with whom cold water does not agree

should try hot water with their meals. But there is another point to be considered — what water should be used? *Hard* water is extremely bad for rheumatic patients. The chalk in hard water favours the formation of deposits about joints, and aggravates the rheumatic tendency. This is why rheumatic persons often find chalky districts disagree with them, though they enjoy the dryness and lightness of the air. If they would take the precaution to drink filtered rain water, or to have the ordinary water boiled first and filtered afterwards, they would find themselves able to get on much better. Another way of meeting the difficulty is to drink only some of the table waters that

contain very little lime. Salutaris water, which is simply distilled water aerated, is one of the best of manufactured waters. Bourne water is the purest of English natural waters, and may be taken by rheumatic patients with advantage.

Climate.

A word or two may be said on the subject of climate. It is not always possible to choose a climate, but when it is, the following points should be considered—warmth, dryness of atmosphere, and sunshine. It is frequently not necessary to go a great distance in order to get a complete change of air. Two localities within a quarter of a mile of each other may be absolutely

different. It is only necessary for a residence to be in a hollow, or in a valley near a stream, or to be shut in by woods from sunlight and wind, to make it a fertile source of rheumatism. Soil has a large share in determining the healthiness of a part, but excellence of the soil could not make a locality of that kind healthy. Gravel on chalk makes the driest foundation and the driest air, and given these, with good elevation and sunny exposure, the best conditions of climate our country can give are secured. The foreign resorts of the rheumatic are generally sought after for their mineral waters rather than their climate, and their season is the summer. Patients who can do it should pass the winter

in the warm southern countries, as Egypt, the drier parts of South Africa, and Australia.

Baths.

There are three principal kinds of mineral waters that are especially valuable in rheumatism. Sulphur waters, iodine waters, and salt waters, including alkaline waters. As examples of the first may be named the waters of Bath, Harrogate, and Strathpeffer in this country, and the well-known Aix-la-Chapelle in France; of the second, Woodhall Spa, near Horncastle, in Lincolnshire; and of the third, Droitwich. Some of these baths can be imitated more or less effectively at home, and large bathing establishments in

towns have medicated baths of all kinds, with skilled attendants to take care of the bathers.

When any rheumatism is present, all baths taken should be hot baths. Patients with rheumatic tendency, who are not actually suffering from rheumatism, and who can obtain good reaction after it, need not forego the luxury of the morning cold tub. Those who have not good reaction should never take cold baths. If they are subject to cold feet and general chilliness, they should sponge themselves all over, or have some one to sponge them, if they are too feeble to do it themselves, with *Spirit of wine*. An ounce or two of spirit may be poured into a saucer, and a small sponge (or some

prefer a broad flat paint brush) may be dipped in and carried rapidly over the whole body. There will be no need to dry it, as it will evaporate at once; and there will be no need for subsequent rubbing, though there is no objection to this if patients like it. This procedure has the effect of increasing the resistance to cold where cold water will only diminish it. If any particular part is more than any other sensitive to cold air, for example the throat or the feet, these parts may be sponged with the spirit more particularly. It is a good remedy for cold clammy feet; sponging with spirit night and morning will cure many cases of this. Chilly persons may take a hot bath once a

week or once a fortnight at bed-time, the spirit sponging following the next morning.

Of medicated baths that can be taken at home the hot sea-water bath, soda bath, and iodine bath are the most practicable. The bath should feel decidedly warm to the patient. It should be about 100° Fahrenheit, and the patient should stay in from five to ten minutes, the temperature being kept up.

Sea-water is now delivered in towns direct from the sea, and this is the best form in which to use it. It may be imitated by putting one or two handfuls of Tidman's sea salt into the ordinary bath, but the effect of this is not quite so good.

The *Soda Bath* is made by sub-

stituting ordinary washing soda for Tidman's sea salt.

For the iodine bath an ounce of the strongest tincture (*Linimentum iodi*) may be put into an ordinary bath. The sea-weed bath which can be had at the sea-side is another form of this. The sea-weed is boiled in large pans, and the weed with the water in which it has been boiled is placed in the bath. When cooled to proper temperature it is ready for the patient.

The *Russian*, *Turkish*, or *Hot Air Bath* is of great service in some forms of rheumatism, but it must not be used indiscriminately. Rheumatic patients should not be placed on the marble slab for shampooing, but should have a blanket

placed under him. The shampooing should be carefully done, and especial attention should be paid to affected parts. A Turkish bath may ward off an attack of rheumatism if it is resorted to immediately after great fatigue and chilling. The vapour bath and the lamp bath, which are more available for home use, may serve the same purpose. The ordinary aches and stiffness that follow unusual exertions are in their nature rheumatic, and yield to the same treatment. In general they pass off without any trouble. But if the fatigue has been severe and prolonged, and no care is taken to restore the exhausted force, an attack of rheumatic fever will very probably result. Hence the im-

portance of warmth, rest, and light warm refreshment after exhausting journeys, and especially if combined with exposure.

I have mentioned that New Zealand is found to be remarkable for the prevalence of rheumatism. It is fortunate for the colony that it is provided with perhaps the best natural sanitorium for rheumatism in the world—in the hot lakes and sulphur springs of the volcanic part of the North Island. Everyone knows the delightful influence of a hot bath after a long ride or walk. Most of the baths that are famous for their power over rheumatism are thermal, and there is something about a natural thermal water which is better than ordinary hot water.

Such, at least, is my own experience. After a ride of 45 miles through the New Zealand forest, late one evening, I reached Lake Rotorna, and the village of Ohinimuto, the capital, so to speak, of the hot-lake district; and I shall not forget how all sense of fatigue vanished, as if by magic, on getting into a bath—a square hole dug in the ground—of a naturally hot sulphur water. I found one gentleman at the place who was curing himself of rheumatism by means of *mud baths*, like the well-known mud baths of Dax in France, and of Leukabad in Switzerland. Beside the lake, he had pitched a small tent in which he lived. Natural hot springs abound all round the margin of the lake.

Near his tent the springs saturate some soft volcanic soil in which he used to immerse himself. Meanwhile his food would be cooking in another hole in the ground close by. His only difficulty was with bread. He could make it, and cook it in the ground, but it had no crust. An interesting account of the wonderful district may be found in Dr Murray Moore's *New Zealand for the Emigrant, Invalid, and Tourist*, published by Sampson Low & Co. My experience dates seventeen years back. There are greater facilities for travellers and invalids now than there were then, and I have no doubt, as improved means of travel make distances of less account, this district will one day

be a great sanitorium for rheumatic patients from all parts.

Electric baths are excellent in many cases of chronic rheumatism of an intractable character, but these should be taken only under advice and administered by a skilled electrician.

Medicines.

We now come to the question of drugs, which must occupy the largest space in the treatment of rheumatism, since it is only a small minority of sufferers who are able to indulge in the luxury of foreign travel or to visit mineral spas. Happily the homœopathic Materia Medica is rich in medicines that have power over rheumatism; and

the improved methods of preparing medicines, introduced by Hahnemann, have enabled us to take into our Pharmacopœia the waters of the natural spas, and dispense them in the same way as ordinary homœopathic medicines.

It is a common error to suppose that along with bleeding the old-fashioned methods of drugging are quite a thing of the past. It is quite true that the most successful and careful representatives of the old school give very little in the way of drugs, especially if they know that their patient has leanings towards homœopathy, but for all that there is an immense amount of drugging carried on by those who are less eminent, and

there is every inducement given both to doctors and patients. Chemists and druggists are so clever now, that they can put up the strongest drugs in the most palatable shapes, which are easy to prescribe and easy to take. Rheumatism is one of the diseases for which patients are still largely drugged. *Salicin* and *Salicylate of soda* were not long ago the favourites ; they are not so much in favour now since their deleterious effects have become so apparent. The old-school notion is, first and foremost, to get rid of pain. The pain may be a valuable indication of the actual condition of the patient, but the patient does not like it, therefore he is apt to approve of the doctor

who will get rid of it most quickly. The salicylates do undoubtedly quell the pain of rheumatism in many instances; but if the effect is to be maintained, the patient must be kept saturated with them to an extent that will most probably weaken both the heart and the head. It is a great mistake to suppose that getting rid of pain is the same thing as curing the patient. The first thing to be done is to find out what the pain signifies, and then to change the condition which is the cause of the pain. When pain is removed in this way the patient is cured.

I was once asked to see a young man who had been for weeks under the *Salicylate* treatment for rheu-

matic fever. The drug soon ceased to benefit, and he went on steadily getting worse, the drug being given all the time nevertheless. At last the parents of the boy and the patient got disheartened, and determined to have a change of treatment. I found him in a very bad way, nearly every joint of his body affected, extremely low in mind and body, with a skin eruption in addition to the affection of the joints. Under the milder measures of homœopathy he soon began to improve, the pains and joint affection which the *Salicylates* had failed to influence for good now left him, and the skin affection, which may have been partly due to the drugs (though rheumatism does sometimes

cause an eruption, unaided), cleared off. He was a very long time getting up his strength, so much had he been reduced, but he recovered eventually.

Another favourite treatment by old school authorities is that of "*Alkalies.*" The rationale of it is all so simple. In rheumatism there is too much acid in the body, therefore pour in an alkali,—it does not matter much which of them, soda, potash, or ammonia,—and all will be well. Now, alkalies are pretty strong things, and people have been known to bring on paralysis by the constant use of treatment by soda to correct acidity, and an Indian officer, who once consulted me, had actually lost the use of his hands

through alkalies which had been ordered him for rheumatism. On leaving them off he recovered the power of them, but only after a long time.

Potash, soda, and ammonia are valuable medicines in cases of rheumatism, but not used in the coarse and violent form in which they are given allopathically; and it is not their anti-acidity properties which are curative, but their *dynamic* or vital action. In the very dilute form in which they occur in mineral springs, and in the homœopathic preparations, they are powerful for good in suitable cases.

Compared with the coarse medication of the old school, the homœopathic treatment of rheumatism has

very many points in its favour, as the results show. In hospital practice no cases are more common than those of rheumatic fever, and the course and progress in homœopathic institutions compares markedly and favourably with that observed in institutions of the old school.

The medicines which have proved of greatest service in the treatment of rheumatism are as follows:—*Aconite*, *Apis*, *Arsenicum*, *Arsenicum iodide*, *Belladonna*, *Bryonia*, *Calcarea carb.*, *Caulophyllum*, *China*, *Chininum sulph.* (quinine), *Dulcamara*, *Iodine*, *Kali carb.*, *Kali iod.*, *Lycopodium*, *Mercurius*, *Natrum carb.*, *Natrum sul.*, *Nux vom.*, *Pulsatilla*, *Rhododendron*, *Rhus*, *Sabina*, *Silica*, *Spigelia*, *Sulphur*. Each

of these medicines will be described separately in the *Materia Medica* following this chapter; but we will first consider briefly the treatment of the different kinds of rheumatism, and reference may be made to the Materia Medica for fuller information respecting each of the drugs named.

Acute Rheumatism or Rheumatic Fever.

If taken at the very beginning, prompt treatment by the application of heat—hot baths and clothing and warm diet—will often cut short an attack, and this will be greatly assisted by the administration of *Aconite* every hour. Feverishness, restlessness, anxiety, sleeplessness,

are the leading indications for this remedy. When the case has gone on to inflammation of the joints, with redness and swelling, great sensitiveness to touch, the least motion being unendurable, *Bryonia* every hour will succeed *Aconite.* Should the restlessness and anxiety of *Aconite* return, a few doses of this remedy may be given again until these symptoms abate, when the *Bryonia* may be resumed. When, as not unfrequently happens, there is great restlessness accompanying the pains, *Rhus* is the remedy. Often these conditions alternate; one day there is restlessness, and another day the patient will not be able to move, and then the medicines will be alternated, *Rhus* being

given when the patient cannot keep still, and *Bryonia* when he cannot bear to move. When the pain is chiefly in the back, back of the head, and neck, with restlessness and pain in the eyes, *Cimicifuga.* Pain shifting about from joint to joint, worse at night, worse in a warm room, craving for open air, better by gentle motion, *Pulsatilla.* Heats and chills, pains worse at night, worse by either heat or cold, sour or fetid perspirations, *Mercurius.* Heat, restlessness, acidity, burning hands and feet, also during convalescence, *Sulph.* Burning head, cold, clammy feet, feeling as if damp stockings were on, *Calc. c.* Constant thirst, anxiety, restlessness, desire for warmth, *Arsenicum.*

Great sensitiveness to damp weather, *Dulcamara.*

Chronic Rheumatism.

In chronic rheumatism the indications for the different remedies are the same as those given under acute, especially *Sulphur*, *Calcarea*, *Arsenicum*, and *Mercurius*, and also *Iodium*, *Kali iod.*, and *Kali bichrom.* The *Sulphur* patient generally has a sinking, faint sensation at the stomach, usually about 11 A.M., in addition to the symptoms named above. *Iodine* in chronic rheumatism, with enlargement of joints, and also in chronic enlargement left after an acute attack. *Kali iod.* for bone pains aggravated by heat. *Kali bichrom.* when rheu-

matic pains alternate with indigestion.

Internal Rheumatism.

The treatment of internal rheumatism will depend on the organ affected. When it is the liver *Bryonia* and *Mercurius* will be the most likely remedies. The difference in indication is this, the *Bryonia* patient wants to keep lying on his right side, the *Mercurius* patient cannot bear to lie on his right side. If it is the uterus, *Cimicifuga* will be the leading remedy.

The Heart.

When the heart is affected during the course of an acute attack of rheumatism, the general indications

will be the best guide to the heart remedy. In endocarditis, if there are special symptoms, as pain, palpitation, or faintness, *Spigelia* will be called for, and after *Spigelia*, *Sulphur*. In pericarditis, *Mercurius*, *Bryonia*, *Arsenicum*, and *Sulphur* are the chief medicines. We cannot in this treatise discuss the heart affections that result from rheumatic inflammation; the point to be aimed at in heart complications of rheumatic fever is the subduing of the heart inflammation.

CASE XIII.—Here is a case in point.

Bessie S., aged 17, was admitted to the Hospital on April 3rd, 1890, with swelling and pains in both knees and ankles. This was her first

attack. About fourteen days before admission she had had a sore throat; for six days after this she had pains in fingers and back, gradually spreading all over the body. The temperature was 101°·4. There was a well-marked murmur heard on listening to the heart, showing that one of the valves was influenced. Under *Aconite* for two days she made some progress. Then as there was furred tongue, perspiration, and night aggravation, *Merc. sol.* 12 was given. On this she improved steadily, an urticarious and erythematous rash making its appearance on the 10th, and lasting a few days. The tongue cleaned, and the temperature came down to normal. On the 16th she felt

"perfectly well," but as the heart murmur remained she was kept in bed. She was now given *Chinin. sulph.* After this she had no pain except one day, and she was allowed to get up on the 26th. On the 3rd of May there was no murmur to be heard, and she left the hospital well on the 6th.

In this case the treatment of the heart was not different from the treatment of the fever, as there were no symptoms referred to the heart by the patient, and it was only by listening to the chest that the real state of it was discovered. The heart recovered completely under the ordinary treatment.

Lumbago and Muscular Rheumatism.

Rhus, *Bryonia*, *Aconite*, and the rheumatic medicines in general, all have some influence over muscular rheumatism, but the remedy which takes the first rank is *Cimicifuga*, and its resinoid active principle *Macrotin*. If no other remedy is specially indicated, this medicine may be given every hour or two at first. If there is a history of chill, and the pain is excited by touch, *Aconite* will be better. When the pain is aggravated by every movement, *Bryonia;* when there is great restlessness, *Rhus*.

CHAPTER IV.

MATERIA MEDICA.

IN this division the leading characteristics of each remedy named are given: when the features of the disease correspond to any one of them, this will be the remedy to be selected, no matter whether the case is acute or chronic, or of any special kind.

Dose.—With regard to dose one word may be said. My own experience is that medicines act in all dilutions when properly chosen, but the more accurate the correspond-

ence between drug symptoms and disease symptoms the higher may be the attenuation. The dilution for each person to choose is that he is most accustomed to. Experts in prescribing cannot go too high; but for those who are unfamiliar with the stricter homœopathy, the lower potencies will give better results on the whole. The range may be from the 3rd decimal (3^x) to the 30th centesimal. One drop of the tincture in water, or one pilule, for a dose; of insoluble substances, from 2 grains of the 3rd trituration or 6th dilution to the 30th. The *frequency of repetition* should be determined by the urgency of the symptoms, from every hour to every three or four hours.

Aconite. — Result of a chill; general pains with *restlessness, anxiety, sleeplessness,* and *fever. Aconite* will generally be found useful at the onset of rheumatic fever or muscular rheumatism when the italicised symptoms are present. It will sometimes suffice to cure a case by itself, but generally it will require to be followed by others, as *Bryonia, Rhus,* and *Sulphur.*

Apis.—This is the bee poison. The indications for it are much *swelling* of the joints, *shining, red,* with *stinging pains.* Some persons who do not know the homœopathic method of preparing animal poisons allow themselves

to be stung by bees for their rheumatism.

Arsenicum.—This is one of the chilly medicines. The patients who require it *desire heat*, and are the better for it. *A silvery coated red tongue, thirst for small quantities frequently, great anxiety*, and *restlessness with prostration.* These are the leading general indications. Pain and swelling in the joints, and especially that form described as rheumatic arthritis, call for *Arsenicum.* It is more frequently required in chronic than in acute cases.

Arsenicum Iodide.—This is similar to *Arsenicum.* In cases with

consumptive tendency or history it is especially called for.

Bryonia. — The following case illustrates the comparative action of *Bryonia* and *Rhus*, and I shall give another when I come to speak of the action of *Rhus*.

Case XIV.—Some months ago, when calling on a patient, I noticed that the dog (an aged one) was walking with great difficulty. Thinking he had been hurt, I asked if it was so, but the reply was that it was rheumatism. I found him very stiff; he could not bear to move himself from his corner, and was altogether a picture of suffering old age. I dropped a few globules of *Bryonia* 30 into his

water, and calling a few days after was met by the old dog looking many years younger, and moving about the house. Another dose of the same medicine and he was quite restored, and remained so some weeks. Then the pains returned; but it was noticed that after he had been moving about a little the pain got better, and he could run all right. This indicated *Rhus*, which was given, and this acted as promptly as the *Bryonia* did at first. Some time after, *Bryonia* was again called for and given with success. The dog is now quite well of his rheumatism.

This is the great characteristic for *Bryonia*—aggravation of pain by the slightest movement. The

patient must keep very still. He has rheumatic pains all over muscles, tendons, joints, but wherever the pains are they are characterised by this peculiarity. With *Bryonia* patients there is generally great irritability of temper, chilliness, thirst for large quantities of water. When rheumatism takes the form of pleurisy, inflammation of the liver, pains worse by motion, *Bryonia* will be a leading remedy. *Bryonia* also influences the heart, and will control the heart affection of rheumatism when it corresponds to the general condition. *Bryonia* is generally applicable to the ill effects of *dry* cold.

Calcarea carb. is of great efficacy in cases of rheumatism where the

constitutional symptoms of the drug are present, notably *cold, clammy feet and hands, feeling as if damp stockings were on,* at the same time the head may be burning hot. There is great chilliness and desire to be covered. Great restlessness and irritability are also usually present. *Calcarea* is related to *Rhus* in its action.

Caulophyllum is particularly useful where the small joints of the fingers are alone or principally affected. I have seen it give great relief in the early stages of chronic rheumatic arthritis beginning in the fingers.

Cimicifuga racemosa, also called

Actæa racemosa, with its resinoid *Macrotin*, is one of the American additions to the homœopathic Pharmacopœia. It is related to the last mentioned medicine, *Caulophyllum*, both in action and in its botanical characters. But *Cimicifuga* has a much wider sphere of action. It has a distinct relation to the spine, and I have seen it work excellently in rheumatic fever, after the more commonly used remedies have failed, when the pain has been chiefly in the joints of the spine, and especially when the pain has been greatest at the nape of the neck. In muscular rheumatism of all kinds it has a first place. Many cases of lumbago require nothing else. My experience with its action has been

chiefly with low potencies, and its resinoid *Macrotin* I have usually given in the 3^{x} trituration. Stiff neck is another form of muscular rheumatism which will generally yield to *Cimicifuga.* The mental condition of the *Cimicifuga* patient is one of gloom, as if a cloud were over him. When this is present the remedy will be strongly indicated, and will quickly change the state of affairs.

China or *Cinchona officinalis,* Peruvian Bark, is called for when the pains are excessive and paroxysmal, when the slightest touch is intolerable, and the patient fears to be approached. Firm pressure, on the other hand, often relieves, but this is not always the case.

Just recently a lady whom I was attending for acute rheumatism affecting the joints had the right side of the face attacked. The veins of the right temple were swollen and blue, and so sensitive to pressure that she could not bear to be approached by any one or to touch it herself. A few doses of *China* 30 reduced the pain to insignificance. In convalescence from acute rheumatism *China* is of great service in restoring strength. It is indicated by a state of low vitality, watery condition of the blood, tendency to dropsical swellings, the patient being generally chilly and craving for warmth.

Chininum sulphuricum (sulphate

of quinine) resembles *China* from which it is prepared. Its greatest sphere of usefulness is in the convalescent stage of acute rheumatism, when the fever has gone, but still some joints remained swollen and painful, and the patient does not appear to progress. I have often seen two grains of the third decimal trituration every two or three hours help cases of this kind.

Dulcamara.—Great sensitiveness to damp and cold is the leading feature of this drug. When patients become rheumatic on every spell of damp weather, a course of *Dulcamara*, or a few doses taken whenever the pains are felt, will generally give relief. *Dulcamara* is like

Mercurius in this, and it is one of the mercury antidotes.

Iodium.—This medicine has a powerful action on the process of nutrition and tissue change. When used injudiciously in allopathic doses it produces atrophy of the whole body and of special organs. In cases of enlargement of joints after acute rheumatism it seems to exercise that power, and I have frequently seen joints that were apparently fixed for life recover a useful amount of motion under *Iodine.* In the homœopathic preparation from the 3^{x} upwards it is a perfectly safe drug to use.

Kali iodidum (Iodide of Potas-

sium) has the same reducing powers as *Iodine*, and many a constitution has been wrecked by the careless use of this drug in allopathic hands. I remember one instance in which a young man had been reduced to such a pitch of emaciation and weakness by heavy dosing with *Iodide of Potassium* that it was impossible to do anything for him. His vitality was completely sapped. Mr Jonathan Hutchinson has put on record a case in which the drug produced tumours all over a man's body; these were mistaken for another disease, and the doses of the drug were *increased*, with the result that the man got much worse and died. All of which goes to show that it is quite possible to have

too much of a good thing. For *Kali iod.* is a *very* good thing when properly used. In my allopathic days I remember it was one of the best remedies I knew for chronic rheumatic states, but I never found it necessary to use large doses. I now use it in all potencies. The special indications are bone pains, which are made worse by heat, stiffness, and swelling of the joints, but not the hard swelling to which *Iodine* is more appropriate. It is one of the best antidotes to *Mercury*, and when rheumatism has been caused by *Mercury* it will prove curative.

Kali bichrom.—Rheumatism with deranged stomach, when the pains

alternate between the stomach and the joints—at one time the patient has nausea and sickness, and when this gets better he has pain in the joints.

Ledum.—Pains begin below and extend upward, chiefly in feet and toes. The patient cannot bear warmth. He would like to have his feet constantly in iced water.

Lycopodium.—This remedy has a great range in rheumatism. It resembles in its action *Iodine*, which is its complement. Affections which call for *Lycopodium* have some peculiarities. They generally begin in the right side and extend to the left. They are marked by

exacerbations coming on in the afternoon, especially between the hours of four and eight. The constitutional symptoms that call for *Lycopodium* are—apprehensiveness, irritability, and acquisitiveness in the mental sphere. Great desire for fresh air, yet chilly. Headaches that are worse when the head is covered, disordered digestion, flatulence, constipation, loaded urine with red sediment. When these symptoms are present much good may be looked for from *Lycopod.* I have frequently seen it reduce the deformity of rheumatic fingers in the same way as *Iodine.*

Mercurius.—In one form or other, notably as *Mercurius vivus* or *Mer-*

curius solubilis, quicksilver is one of the chief rheumatic medicines. In speaking of the nature of rheumatism, I mentioned the effect of electric conditions in the production of rheumatism. The following note, which I published in the *Homœopathic World*,* will show the bearings of the action of *Mercury* on this :—

"In the heroic days of old, when the maxim 'salivation is salvation' was accepted as the beginning and end of the medical art, it was well recognised that the patient, who was undergoing a course of mercury for the supposed salvation of his body,

* *Homœopathic World*, vol. xxvi., May 1891, p. 223.

ought to be very careful not to expose himself to cold. Aggravation from cold, and especially cold and damp, is one of the recognised characteristics of the mercurial condition. All this points to an unstable condition of the bodily electrical equilibrium—a too great readiness of the body to discharge its own electricity, and to receive shocks from without. This is quite in keeping with the fact that mercury is itself one of the best conductors of electricity known, and is much used by electricians on that account. When taken into the human body it makes the body a good conductor like itself.

"A case has lately come under my notice in which this property

of mercury was apparently very strikingly illustrated.

"M. B., a parlourmaid, had used for toothache a solution of *Merc.-cor.* 3^{x}, rubbing it on the affected gum. She had used in all about a drachm, when in a day or two symptoms of mercurial poisoning supervened. The symptoms were very severe, and lasted off and on for more than two months, but I only wish to refer now to one particular circumstance.

"One part of her duties consisted in cleaning electrical lamps. For this purpose she had to remove the lamps from their cups, and after dusting to return them. This she had done for many months without any accident, but when under the

mercurial influence she noticed that on touching the bases of the lamps, where they are connected with the wires, she received a shock of electricity and the lamp exploded. This happened on three or four occasions before she mentioned the circumstance to me. At first I could hardly believe that there was any connexion between the mercury and the explosions of the lamps; but I advised her not to touch them again for a time, and meanwhile made inquiries of practical electricians.

"From them I learned that it was quite possible, from the touching of the poles of a lamp that had been used, to set up what is called a 'short circuit' current from the lamp to the person, and for

this to result in the breaking of a lamp.

"An electrician, now holding an important position in one of the chief firms of electrical engineers, informs me that when he was engaged in the electric lighting of the Health Exhibition he became poisoned by the mercury there used. His hands were frequently in the troughs containing the quicksilver. Before that time he could stand a very strong shock of electricity, but the mercury wrought a complete change in him in that respect, and now the slightest shock affects him powerfully.

"This tends to confirm the supposition that the mercury poisoning in my case had to do with the lamp

explosions. After some weeks, though not free from symptoms, the patient found that she could then handle the lamps as freely as before without any accident."

The leading indications for *Mercury* are, as here pointed out, sensitiveness to all electric or barometric changes; patients cannot bear to be either too hot or too cold—at one time throwing off clothes, at another wrapping themselves up. Excessive perspiration, fetid, oily, or sour. Inflamed, swollen joints, the pains being worse at night than in the day. Tongue white coated, indented, sodden looking, and digestion impaired; fetid breath.

Here is a case from the hospital record which illustrates the action

of *Mercurius* in rheumatic fever, and also several other points in connexion with rheumatism.

Case XV.—George H., æt. 14, was admitted to the hospital in May last. He had had rheumatic fever at the age of 9, and since then had been subject to wandering pains. The heart had been a good deal affected, but he complained of no symptoms referring to it. His family history was also important. His father who was living suffered from rheumatic gout, and there was consumption on the father's side. His mother had had rheumatic fever. As before observed, rheumatism frequently attacks members of consumptive families, and some maintain that it has a preservative

influence, and saves some from consumption who would otherwise take it. That is a comforting view which may possibly be correct. The patient had had pains several days, but had only laid up two days before admission. The pain was in every part of the body, more especially the knees and back. The knees were swollen. It appeared in the knees first and went to the shoulder, and then returned to the knees. He was pale, skin hot and dry, splenic region tender. Tongue slightly furred and moist, breath offensive. The temperature was about 103°. Pains worse in the night, and he had very little sleep. The condition did not alter much under *Aconite* or *Bryonia*,

the first of which he received from the resident on admission. On the 24th of May I prescribed *Merc. sol.* 12, one drop every two hours. From that time the improvement was marked and steady, and he was convalescent in a few days.

Pulsatilla.—The anemone may be regarded as one of the masterpieces of Hahnemann's genius. No one knew of the wide range of its powers until he delineated them, and no one had pointed out the peculiar indications demanding its use. Until Hahnemann's time it was not understood that the mental symptoms of patients suffering from physical ailments were of great importance in prescribing. The

Pulsatilla patient is of gentle, mild, and amiable disposition, easily moved to tears, generally a blonde. On such a patient *Puls.* will act much more effectually than on a dark person, self-willed and high tempered; but if other symptoms strongly call for *Pulsatilla* it must be given to the latter. The pains of *Pulsatilla* are wandering, moving from joint to joint, generally better for gentle motion, better in the open air. The *Pulsatilla* patient cannot endure close rooms; though chilly, cannot bear to be near a fire, and is worse from heat in general.

Rhododendron.—The characteristic of this medicine (which thrives among the storms of mountains) is

that the symptoms which call for it are always aggravated when a storm is approaching. Rheumatic symptoms which are worse when a storm is coming on are curable by *Rhododendron.*

Rhus.—*Rhus* is the great twin rheumatic medicine with *Bryonia.* They follow each other well, as the conditions calling for them often alternate. *Rhus* ailments are often brought on by wetting and chilling; *dry* cold is more the characteristic causation of *Bryonia.* Heat relieves *Rhus* pains. The chief characteristic of *Rhus* pains is that they are better by motion. After being still a time the patient must change his position. The motion gives

pain as the part has become stiff, but the change relieves, and the more he moves the better he is. It is the opposite with *Bryonia*—the more the *Bryonia* patient moves the worse he is. I will now give another case in illustration from the *Homœopathic World.**

Case XVI.—A case illustrating the difference of action of these two remedies (*Rhus* and *Bryonia*) occurred at the hospital recently.

Jane J., 32, complained on August 21st that for three months she had the following attacks:—Pain in the loins, going down the right thigh nearly to the knee. The pain was made worse by motion. *Bryonia*

* *The Homœopathic World*, Dec. 2, 1889.

30 was given. On September 4th I saw her for the first time. No change had occurred. She said the pain was of a severe cramping nature. On analyzing the condition, "worse from motion," I ascertained that the pain was worse when *first beginning to move*, that it was *better by continued motion*, and was *worse again* on sitting down. She had been low and fretful for some years, and was easily affected by the least thing. I gave *Rhus* 30 three times a day, and the pain left her at once, being gone the day after she commenced it. Most of the *Rhus* pains are worse on beginning to move, but afterwards the more the patient moves the *better* the pains become; with *Bryonia* pains, the more the

patient moves the *worse* they become.

Rhus and Calcarea have many points of agreement, and follow each other well in their action.

Sulphur.—Of all remedies in the Materia Medica *Sulphur* is perhaps the most important. In rheumatism it certainly takes a foremost place. Whether in acute or chronic rheumatism, whether alone or following some other remedy, *Sulphur* is indispensable. It bears the same relation to *Aconite* that *Calcarea* does to *Rhus;* it is deeper and more lasting in its action, and will often revive healing action when *Aconite* has ceased to do good.

The *Sulphur* patient is hot, and wants to throw off all the bedclothes. He is restless and irritable; has flushes of heat and faint attacks; whilst the body and head are hot, the feet are often cold. The perspirations are profuse and sour. The patient has a sour taste in the mouth. All food turns sour. There may be constipation; or diarrhœa coming early in the morning. The symptoms are much worse in the night, and are often worse on the left side.

Sulphur is useful in all stages of rheumatism, and especially in the convalescent stage, when there is not much vital reaction. A few doses of *Sulphur* will frequently restore this.

Woodhall Spa Water.—A saline water containing free iodine in appreciable quantities has proved in many cases of great service. In rheumatic and neuralgic cases following influenza I have seen it do great good. It need not be taken by the tumblerful as prescribed: tablespoonful, or even teaspoonful doses are quite sufficient. I have not tried it in the homœopathic attenuations.

Local Measures.

On the local measures which are useful in rheumatic affections a few words may be said. First and foremost comes the application of heat. This may be applied in a variety of ways. In acute affections hot

flannels are useful. *Ironing* has often proved efficacious in muscular rheumatism: a piece of flannel (or brown paper) is laid on the part affected, and an iron, as hot as can be borne, is passed rapidly over the part. Hot water bottles are also of service. In chronic rheumatism, wool or pine-wool coverings for the affected joints (as knee-caps for the knees) frequently diminish pain.

Of applications one of the best I know is a liniment composed of equal parts of glycerine and tincture of *Capsicum*. *Pine oil* is another that may be tried; and a compress made of a lotion of *Hamamelis* (*Hamamelis* ϕ, a teaspoonful to a tablespoonful of water) is another.

But I must not forget *Whisky*.

Though I have not much faith in it as an internal remedy for rheumatism, I must give it its due. For rheumatic pains anywhere, provided they are not of long standing, relief will often be obtained by simply dabbing whisky on the part.

PART II.—SCIATICA.

CHAPTER I.

DEFINITION.

SCIATICA is an affection of the sciatic or thigh nerve. Issuing from the spinal cord at the lowest part of the spinal column on each side is a large nerve trunk as thick as the little finger. It passes down the back of each thigh, deeply embedded in muscles, and proceeds down the back of the leg to the toes, giving off branches all the way, and gradually diminishing

in size. It is this nerve trunk which is the seat of the affection called *sciatica*—one of the most intensely painful diseases known.

CHAPTER II.

CAUSES AND VARIETIES.

THERE is generally a constitutional basis for sciatica, though it may be simple. A chill or wetting is quite sufficient to induce an attack on a previously healthy person. Also a strain has frequently produced it, as from heavy lifting. Generally, however, there will be found a constitutional element at the bottom of it—either a gouty, a rheumatic, or a neuralgic constitution. Sometimes—but this is in the rarer cases—it is of a central nervous origin, and is the

forerunner of brain disease. In the paralytic disease known as "locomotor ataxia," the chief seat of the pain is the sciatic nerve. Again, it may result from an acute disease, and influenza is accountable for a large number of cases of sciatica of a peculiar kind. Finally, sciatica may be a symptom or an accompaniment of internal disease, and even of cancer.

There are two forms of sciatica: it may be purely neuralgic, or it may be inflammatory.

The rheumatic kind, that induced by chills or strains, is of an inflammatory nature affecting the sheath of the nerve. The sciatica of the gouty is also of an inflammatory nature. Sciatica caused by tumours

arises from the irritation or obstruction set up by pressure on the nerve trunk or its root. Sciatica in the paralytic is due to changes in the nerve-centres, either in the spinal cord or brain. Influenza has produced both inflammatory and non-inflammatory varieties.

It may be useful to consider for a moment what a nerve is. The finest microscopes reveal it as a bundle of tubes. Tubes do not exist in the human body for nothing, and we may therefore conclude that, as in the case of arteries and veins, there is something which flows down the nerves which may be called a fine nervous fluid analogous to electricity. "Pure neuralgia" is a term given in ordi-

nary medicine to a nerve pain which has no apparent cause in inflammation or obstruction. But it is quite possible to have changes take place in the fine tubes of the nerve itself that are perfectly indiscoverable, and this, in my opinion, is what happens in the so-called cases of "pure neuralgia:" the obstruction is not caused by inflammation of the nerve sheath, it is not caused by external pressure, but it is caused by changes in the nerve tubes, which prevent the proper flow of nerve influences. In the paralytic cases the changes which prevent the proper flow are in the nerve cells of the spinal cord and brain.

All the symptoms of the disease

point to obstruction. There is the terrible ache as if something were too full, varied by the shoots down the limb as if the block were momentarily relieved. Some patients describe it as being like toothache, only many times worse. In some cases there is intense burning; in some a feeling as if knives were buried in the flesh, and in others all kinds of pain combined. Numbness accompanies the pain or alternates with it in many instances, showing defective transmission of sensations from the surface of the limb to the brain.

In the majority of cases sciatica is one-sided; when both sides are attacked at once, the disease is

more serious than when only one side is affected; not only because it is worse to bear pain in two limbs than in one, but because it sometimes indicates that the nerve-centres are affected. Not unfrequently there is wasting of the affected limb.

CHAPTER III.

CASES.

IN place of further description I will now proceed to relate a number of cases of sciatica, by way of illustration.

CASE I.—*Gouty Sciatica cured by Gnaphalium.*

A gentleman of about 35 years of age, fair, sanguine, was liable to attacks of pain in the region of the right loin, hip, and thigh. This tendency had existed a number of years, and he had tried various kinds of treatment for it, including

"liver pills," which had the effect of causing violent diarrhœa.

In December 1888 he came to me for a number of gouty ailments, and among them this sciatica which had been troubling him a great deal. The most characteristic feature of this case was that the sciatic pain alternated with a feeling of numbness of the left foot and hand. There is one medicine that has produced this condition when taken by healthy people, and that is *Gnaphalium.* This medicine (the Everlasting Flower) has a powerful action on the sciatic nerve, and the pains produced by it alternate with a sensation of numbness. I therefore gave it on the homœopathic principle in the 30th potency to this gentleman, and it

promptly cured him. Only very rarely has he had the pain since, and on each occasion the same medicine has quickly relieved it.

CASE II.—*Sciatica of Two Years' duration cured by Gnaphalium.*

Some years ago a labourer of powerful build came under my care as an in-patient in the Homœopathic Hospital suffering from sciatica. For two years he had been unable to do any work, and could hardly rest night or day for the pain he suffered. After giving other medicines with but little effect, I noticed this feature in his case also: during the intervals of pain there was a feeling of numbness in the limb. In his case it was

the part where the pain was that became numb, and not some other part as in the case related above; but the indication served the same purpose in both. I gave *Gnaphalium* and immediate improvement set in, and he was soon able to leave the hospital quite cured.

I may mention that in this case the condition corresponded to the action of the drug more accurately than the first; for in the provings the pain and numbness affected the same part. But the indications afforded by drug-symptoms admit of some latitude in their interpretation; therefore I take "neuralgic pain alternating with numbness" to be the indication for this

medicine wherever the numbness may be found.

CASE III. — *Rheumatic Sciatica following Influenza. Rhus and Gnaphalium.*

Josiah B., 45, engine-fitter, was admitted to the Homœopathic Hospital on July 6th, 1891, suffering from pains in the small of the back, striking down the left thigh in the course of the sciatic nerve. For seven or eight years he had had lumbago off and on. Eight weeks before admission he had influenza; it was after this that the pain came on, and it had gradually become worse. He had been under allopathic treatment, and had been blistered over the course of the nerve; he had the

limb painted with iodine, and he received morphia to make him sleep. He had been unable to obtain any sleep except by morphia.

The pain extended all down the limb, being worse in the upper part. It was much worse when sitting or standing. In the course of the nerve there were several tender parts sensitive to pressure. There was some numbness at the outer side of the ankle. The muscles of the limbs were wasted. The pain was worse at night, and there was great restlessness. There was a feeling of coldness in the legs. I gave him *Rhus* 3^{x} every two hours, with a dose of the same medicine in the 30th at bed-time. From the first he was able to dispense with the

morphia, and had better rest without it than he had with it.

The indications for *Rhus* were the rheumatic origin of the affection, the left sidedness, the desire for warmth, and the restlessness. He made steady progress, though somewhat troubled by constipation—no doubt induced by the opiates with which he had been treated. On the 16th July he was able to sit up in bed. On the 18th, guided by the occurrence of the numbing sensation which generally preceded the onset of the pain, I put him on *Gnaphalium* 30, to see if that could accelerate the cure. It had the effect of relieving the numbness, but the pain was not improved, rather made worse, so on the 21st he was

again put on *Rhus.* The alternations of pain and numbness were not marked in this case, which I think accounts for the failure of *Gnaphalium* to act well. When *Gnaphalium* is indicated the numbness comes on when the pain goes off, and *vice versa.* In this case the pain and numbness were mixed.

Except a few doses of *Nux* 3, given to relieve his constipation, the patient received no other medicine besides *Rhus*, and he left the hospital cured on the 12th of August.

Case IV.—*Rheumatic Sciatica; Lycopodium, etc.*

William J., 51, a smith, was induced to put himself under my care

by the last named patient, who is a friend of his. He was admitted to the hospital on October 22nd, 1891. He was a smith by trade, and worked at night, in great heat. He was subject to bronchitis and lumbago.

Four months before admission he took lumbago from a chill after profuse sweating. From that time the pain in the thigh came on, and had gradually increased since. He had been under allopathic treatment, and his doctor was proposing to put on a number of blisters, when his friend, Josiah B., advised him to come to the hospital.

There was much pain down the back of the right thigh and leg, much worse when he was warm and

when he walked; in fact walking was almost an impossibility. The pain felt as if the thigh would break into a thousand pieces, and as if knives were being thrust into the thigh and calf. There was numbness about the ankle. The sciatic nerve was tender in several spots, and he could not bear to lie on his right side, or have the bed-clothes touch him. He had pain in the left side and back of the head, which was relieved by cold applications. Coughing made the head pain much worse. He had some indications of previous attacks of bronchitis. The bowels were constipated. Sometimes he was waked out of his sleep by a start.

The case of this patient contrasted

in several points with that of his friend. In the case of the latter the pain was relieved by warmth, in this patient the pain was made worse by heat. In J. B. the left side was affected, in W. J. it was the right; in other respects they were much alike. The points of difference, however, were very important in the matter of treatment, and the history of the two cases shows the folly of treating diseases by their names. Both had sciatica, why not treat them alike? W. J. on admission, before I saw him, received *Rhus* like the other patient, and for a day or two it seemed to do good, but the improvement soon ceased. Taking into account the right-sidedness of the affection, the

aggravation from heat, the headache relieved by cold applications, the constipation and aggravation from lying on the painful side, I gave him *Lycopodium* 30 every three hours. He felt relief after the second dose; the pain in the head and leg both diminished, and he could bear the bed-clothes to touch the limb. By the 4th of November there was a check to its progress: the pain was rather worse again; the calf was painful; the pain in the thigh was relieved by cold. Pain worse when bowels confined. *Sulphur* 30 was now given with immediate good effect.

There was now an interruption in the case quite unconnected with the disease for which he came in.

About this date there was in the ward a sort of epidemic of feverish sore-throat, and this patient became affected like others. In a few days he recovered from this, and was then put on *Tellurium.* The indication for this medicine is pain only when at rest in the horizontal position. Under this he improved a good deal, and on the 24th he was able to get up and down. He was next given *Lachesis,* as the pain was now worse on movement.

On the 18th of October he had rather more pain in the thigh, and a tendency to cramp down the leg.

Lycopodium was now resumed, and again it asserted its suitability. He improved rapidly, and left the hospital cured on December 18th.

Soon afterwards he resumed his arduous employment.

Case V.—*Sciatic Pains in Locomotor Ataxia.*

As I mentioned above, the disease known as locomotor ataxia is attended with severe pains in the sciatic nerves. The seat of the disease is certain elements in the spinal cord which become degenerated. The most prominent symptom, apart from the pains, is a loss of power of co-ordinating movements. To put it bluntly, one leg has no idea where the other leg is. Most people can walk with their eyes shut or backwards. A patient with this disease can do neither; he must *see* where his legs are or

else he doesn't know where he is going. A patient of mine who has suffered from this disease for many years has paroxysms of pain at times, generally coming on with changes in the weather. The medicines which give him most relief are *Fluoric acid* (for lightning pains), *Lycopodium*, *Belladonna*, *Arsenicum*, *Ignatia*, and *Nitric acid*, according to the indications at the time. The chief pains complained of are the "lightning pains;" that is, pain shooting like lightning down the limbs; and what he terms the "dog," —a pain as if a dog were gnawing at his thigh. In the lightning pains *Fluoric acid* has given most relief. There is no question of cure when this disease has made

much advance; but the progress can be arrested, as in this case, and the suffering greatly relieved, and that is something.

I will conclude by relating three cases of sciatica occurring in connexion with other diseases.

Case VI.—*Sciatica and Chronic Diarrhœa.*

Admiral A., a septuagenarian, suffered for many years from a chronic form of diarrhœa, and for 14 years off and on from sciatica of the right side. The sciatica was started by a hurt to the knee, and there was a distinct connexion between the diarrhœa and the sciatica. At one time he had had ulceration of the lower bowel, and

was operated upon by Sir W. Fergusson. There remained after it a stricture which he was able to manage by the use of bougies. He had this diarrhœa on him during the Crimean campaign, through which he passed without other illness. Of late years the sciatic pain has been much less troublesome, and, in fact, I never treated him specially for it, but the connexion between this and the diarrhœa was evident. For instance, if the diarrhœa was stopped by other than the homœopathic remedies the sciatica would come on. Again, they were both induced by the same causes, especially by any worry. The sciatic pain was aggravated by fire heat, so

that he had had to sit all winter in a room warmed without a fire. The medicines which did him most good are *Sulphur*, *Kali carb.*, *Aloe*, and *Gamboge*. In early life he had been severely treated by allopathy, having been given large quantities of mercury, with the result of salivating him and weakening him greatly.

Case VII.—*Sciatica from Uterine Affection.*

Mrs A., age 44, laundress, was admitted to the Homœopathic Hospital Dec. 21st, 1889, having been incapacitated for work by sciatica for two years. She thought she had taken a chill after doing some very heavy laundry work.

She went, in the first instance, into the Lambeth Infirmary for a month, and afterwards to Bath, where she derived great benefit for three months. Afterwards she was in St George's Hospital.

The pain was of a constant gnawing character in the thigh, with accesses of sharp pains like knives running from heel to buttock. It was so sharp that it took away her breath. Coldness of the limb accompanied the pains. The knee jerked at times. The limb was greatly swollen, very sensitive to touch; she could not bear the touch of the bed-clothes. The ordinary sensation was a good deal impaired. She was able to stand, but not to walk. The pain was relieved by

warmth of a hot bottle, and by lying down.

Since she had had the sciatica the bowels had been much confined. She had an empty feeling at the stomach, and was distended after food. The sciatic pain was accompanied by much belching of wind. When the pain was very bad there was irritation of the bladder and scalding on passing urine.

Connected with the sciatic pain there was also a great deal of pain in the head, especially the back part, where there was a feeling of weight; also she had severe pains in the eyes.

The patient was of a tearful nature and wept a good deal. On examining the left side of the body

low down towards the groin, a fixed rounded hard tumour was felt; and an internal examination, kindly made for me by the gynecologist to the hospital, proved this to be made up of enlarged hardened glands, a prolapsed ovary and inflammatory tissue which fixed the uterus to the left side. The pressure of this mass on the nerve at its origin no doubt accounted for the intractable nature of the case.

The treatment of the patient lasted six months, during which time she made good progress, regaining her power of walking to a considerable extent.

Arsenicum 30 was first given, and speedily made a favourable impression on the condition of the

patient; the pain diminished, and she was able to rise; but after a time this medicine seemed to lose its power. The next prescription was for *Lachesis*$_{12}$, which did more good than any other remedy, though others were required, the principal being *Phytolacca*$_{12}$, *Belladonna*$_{12}$, and *Ignatia.*

Locally she had internal douches of hot water, which gave decided help. The pains gradually left the sciatic nerve and became located in the left ovarian region.

Case VIII.—*Cancer* (?) *of the Womb Simulating Sciatica.*

In August of 1888 I was written to by a lady in the country asking for something for her "Sciatica," and I

sent her down a supply of *Colocynth.* Shortly afterwards I had a letter asking for more of the medicine, as her pain had been much helped by it.

From this time I did not hear of her again till the following December, when I was surprised to learn that she was suffering from "cancer of the womb in an advanced stage." For the diagnosis I am not responsible, as I did not see the patient then, and months afterwards when I did see her I made no examination. But I have little reason to doubt its accuracy. The diagnosis was made by a member of the old school, who is one of the ablest practitioners in his county. Besides, the symptoms corresponded. She was

informed by this gentleman that she would probably not live more than four months.

When I heard this distressing news I thought she might yet be not beyond the reach of help, so I wrote and asked her to tell me as accurately as she could all that she *felt and experienced* — all her *symptoms*, in fact. And here it will be seen is a great vantage ground of homœopathy. The diagnosis of the old school physician gave me nothing to work upon; but the patient, without my seeing her, could give me the key to the situation. The patient, I may say, was a lady of 73, stout, short in stature, pale, and of very soft fibre. The following is what she told me of herself.

Three or four months before, after a more than ordinary spell of "rheumatic" pain, she noticed pale red stains on her linen. She did not think much of this at first; but the pain and the discharge increased, and then, fearing it might be something serious, she took advice—with the result of the diagnosis above mentioned.

The pain she described as a "dull, heavy, depressing, dead pain, commencing at the inner part of the *top of the right hip and extending to the knee.*" At times it was so bad that it made her feel quite sick and faint. The discharge increased, became dark, and had a smell of decaying tissues. This last circumstance was reported to me by her

sister. Great weakness and trembling accompanied the discharge; the urine was at times almost like blood, and had a sandy sediment.

The pain from the hip to the knee on the right side was the leading characteristic of this case. The description does not accurately correspond to the course of the sciatic nerve, and as I have not an accurate description of the "sciatica" when she first consulted me about it, I cannot be certain that this was the same pain as the one above described, but I am of opinion that it was. In any case it was near enough to justify an unprofessional person for mistaking it for sciatica. But the sequel is the most interesting part of this lady's case.

Guided solely by the symptoms she named, I fixed on *Kali carb.* as her most likely remedy, the hip to knee pains being one of its characteristic symptoms, especially on the right side. I sent her a few powders of the medicine in a very high potency, and the result far exceeded my anticipation. Not only did the pain gradually disappear under interrupted doses of the drug, but the discharge disappeared also, and the urine became normal, so that after a few months she had practically no symptoms left, slight returns being promptly put an end to by a recurrence to the *Kali carb.* When I saw her in the following autumn she was, and to this day she still re-

mains, quite free from her trouble, and as well as a person of her great age can expect to be. Whether it was cancer or not I must leave others to judge. To *Kali carb.* must be given the honour of this remarkable cure, as very few doses of other medicines were required.

This case illustrates how homœopathy, *taking symptoms for its guide*, reaches and remedies the actual condition of a patient,—a very different thing from *treating symptoms*, as when opiates are given to quell pain.

CHAPTER IV.

TREATMENT.

I.—GENERAL.

THE general and dietetic treatment of sciatica is very much the same as that of rheumatism. Warm clothing, avoidance of chills and over exertion, and plain, regular, and unstimulating diet, are the best means of preventing an attack and of aiding the cure. Alcohol in all forms internally, and the use of strong tea and coffee and indulgence in sweets are all bad for rheumatic and neuralgic states. For the pain itself the application of heat in some

form, either by hot bottles or by ironing, will give relief in a number of cases, but in others heat is intolerable. The use of the *Capsicum and Glycerine* liniment (see p. 133), which may be rubbed into the painful parts three or four times a day, will relieve a number of patients.

Rubbing with the hand, hard or gentle, will often give temporary relief to the pain, and may be adopted whenever this is the case. Regular *massage* is also efficacious in some cases; but often it only aggravates, and there are no means of telling before trial which cases this will suit. The application of some forms of electricity may also be tried.

Now, a word about the allopathic treatment of the disease. Chief among the old school remedies is opium in some of its forms. The use of this is to be most strongly deprecated. There is no more certain mode of setting up the opium or morphia habit than its prescription in sciatica and such like complaints. The effect of it is to relieve the pain at the expense of lessening the resisting power of the organism, and so confirming the disease in its hold on the patient. When the use of it has not been prolonged for any great length of time the habit may be overcome—as in the third of the cases narrated; but when it has been taken for long and the disease has become chronic,

the chances of recovery from either the opium disease or the sciatica are very remote. I have known cases largely benefited by homœopathic treatment, and the patients enabled to diminish the dose of the opiate, but a complete cure is very rare indeed. For this reason opiates are to be avoided at all costs.

Other allopathic measures are *acupuncture* and *nerve stretching*.

Acupuncture is a device said to have been invented by the Chinese. It consists in the insertion of a number of needles, specially made with handles for the purpose, through the thick muscles of the thigh straight down upon the nerve. The object of it is to set up a new kind of irritation in the nerve which shall

neutralize the irritation that already exists there. This, as will be seen, is a kind of homœopathic measure, and it has been successful in some cases.

Nerve stretching is also another like-curing-like measure of a violent kind. We have seen that a strain (or accidental nerve stretching) is one of the commonest causes of sciatica; yet the remedy sometimes adopted by the old school is cutting down upon the nerve, lifting it out of its sheath, and subjecting it to violent tugging; and, strange as it may seem, it does sometimes give relief.

But there is no need for such violence. The milder measures of genuine homœopathy are much more efficacious, as the cases cited

will serve to show. In the narration of these cases I have mentioned some of the chief medicines used in the disease: I will now supplement further, and give a more particular account of these remedies, and also of others.

II.—MEDICINES.

[The indications given for the medicines in the first part of this work apply equally well to the treatment of sciatica if their characteristic symptoms correspond to those of the case under treatment. But there are certain medicines that have a special relation to the sciatic nerve, and these will now be briefly described.]

Aconite.—When the affection

is distinctly traceable to a chill, especially from cold draughts; pain accompanied by numbness of the limb and toes; restlessness, nervousness, anxiety, and feverishness.

Arnica.—From a blow or strain, or over exertion. Bruised sensation in the limb.

Arsenicum.—Burning pain, restlessness, anxiety, chilliness, pains periodic. Symptoms worse about midnight; relief from warmth; great thirst for small quantities.

Bryonia. — Aggravation of the pains from the slightest movement. Relief from pressure or from lying on the painful side.

Chamomilla.—Pain unbearable; worse at night. Excessive sensitiveness and irritability.

China.—In patients who have been worn out by exhausting discharges or over exertion; pain periodic. Great sensitiveness of the part to slightest touch, but hard pressure relieves.

Colocynthis.—One of the most important medicines in sciatica. It is allied botanically to *Bryonia.* It acts on either side, but preferably on the right. Tearing pain down from hip to foot; sensitive to pressure. When induced by a fit of anger.

Gnaphalium.—Intense neuralgic pain along whole course of sciatic nerve, alternating with numbness.

Kali carb.—Shooting, tearing, or dead-aching pains from hip to knee, especially right side; aggravation of pain from 2–5 A.M.

Lachesis.—Right side; worse sitting or standing, or after sleep; relieved only when lying, must lie down. Irritability and angry disposition.

Lycopodium.—[For constitutional symptoms see *Materia Medica* of Part I.] Pain returns every fourth day. Right side; worse from any pressure on painful side, either of bedclothes, or by sitting, or especially by lying on it. (The opposite of *Bryonia.*)

Magnesia Phosphorica.—Pains excruciating; right side; relieved by heat. (One very chronic case in a patient, who had become a confirmed morphia taker in consequence, was greatly relieved by *Magnes. Phos.* for a time.)

Nux vom.—Pain attended by a sense of stiffness or contraction of the limb; torpor with chilliness in affected parts. Patient very irritable and irascible. Wakes at 3 A.M. Symptoms worse in the morning.

Pulsatilla.—In persons of placid temperament — especially blondes. Wasting of the affected limb is a leading indication. Pain relieved by gentle movement. Worse in the evening and night. Worse in a warm room; better from open air.

Rhus.—From a strain, or from getting cold or wet. Pain with numbness; worse at rest, better by movement; patient restless, cannot keep still; worse at night; relief by warmth; left side.

Sepia. — Lancinating stitches,

worse after going to bed; must get up frequently. Cannot lie on affected side; sitting still unbearable. Sleepy and fatigued on awakening. Perspires easily during forenoon.

Sulphur. — Preferably left side. Pain worse at night, worse by warmth, patient likes to be uncovered. Flushes of heat, faint, sinking feeling, especially in forenoon; acidity; constipation.

Tellurium. — Left side. Pain worse at night in horizontal position, worse on coughing.

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